



March 27, 2003

Mayor Wesely and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Wesely and Members of the City Council:

An investigation has been made regarding the application of Dmacks Inc., d.b.a. Legends, 8300 Northwoods Drive requesting a class C liquor license.

Legends will be a sports bar with a full service dining menu.

Dmacks has requested that Chad Meister be approved as the manager of the liquor license.

Background information on Mr. Meister will be omitted as the Council approved his manager application for Rococo Theater in November, 2001 and approved Mr. Meister as a part owner of Bodega's Alley, February 2002.

Stockholder information is included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

A handwritten signature in black ink, appearing to read "Tom Casady".

THOMAS K. CASADY, Chief of Police



Police Department
575 South 10th Street / Lincoln, Nebraska 68508 / Phone: 402-441-7204 / Fax: 402-441-8492 / Web: www.ci.lincoln.ne.us
A nationally accredited law enforcement agency



Liquor License Business Report / Completed by Inv Fosler Date: 3-27-03

DBA: Legends

ADDRESS 8300 Northwood Dr PHONE —

TYPE OF INVESTIGATION:

PURCHASE — UPGRADE — EXPANSION — NEW
OWNER MANAGER OTHER —

TYPE OF BUSINESS Sports Bar

CLASS: A B C D I J K CATERING OTHER —

OWNERSHIP CORPORATION PARTNERSHIP INDIVIDUAL

PURCHASE PRICE — PROPERTY EQUIPMENT VALUE —

AMOUNT FINANCED 200,000 SOURCE Union Bank

COLLATERAL none COSIGNER(S) owners

LEASE AGREEMENT 10yr # 5830⁰⁰ MD

EST INCOME %FOOD 40 %LIQUOR 60

COMMERCIAL INDUSTRIAL RESIDENTIAL

TRAFFIC — PARKING off street

READY FOR OPERATION: YES NO EST DATE June 2003

FOOD SERVICE Full service # OF EMPLOYEES F/T 4 P/T 24

DOES LICENSE COMPLY WITH LEGAL DISTANCES: YES
NO —

EST SEATING 155 EST # DAILY CUSTOMERS —

HOURS OF OPERATION 11am - 1pm 7 days

HUMAN RIGHTS COMMISSION CHECKED YES NO N/A

STATE OF NEBRASKA



Mike Johanns
Governor

NEBRASKA LIQUOR CONTROL COMMISSION

Forrest D. Chapman
Executive Director

301 Centennial Mall South, 5th Floor
P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

web address: <http://www.nol.org/home/NLCC/>

A3-031627

44

March 24, 2003

City Clerk
County/City Bldg.
555 So 10th - Suite 103
Lincoln NE 68508

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body.
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE...A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

Mary Messman

Mary Messman
Licensing Division

Enclosures

Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

P.L. (Dick) Coyne
Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

FORM 35-4001
REV. 12 99

FILED
CITY CLERK
03 MAR 26 PM 2 33
CITY OF LINCOLN
NEBRASKA

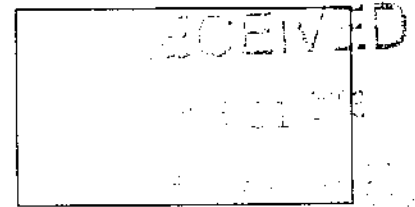
date 7/31
FH: 4-14-03

Dmacks, Inc Class C
dba Legends
8300 Northwood DRIVE
68509

APPLICATION FOR LICENSE

Nebraska Liquor Control Commission
PO Box 95046
301 Centennial Mall South
Lincoln, NE 68509-5046

<http://www.nlc.org/home/NLCC/>
Phone: (402) 471-2571
Fax: (402) 471-2814



INSTRUCTIONS: Include: **1.** Applicable fees payable to Liquor Control Commission **2.** Copy of birth certificate or naturalization papers proving U.S. citizenship for each individual and spouse named on application (not required of corporations or spouse(s) who file an affidavit of no interest with application. Commission form 4178 **3.** Corporations must include copy of articles of incorporation as filed with the Secretary of States office in the state of Nebraska **4.** Commission checklist, form 4251 **5.** Fingerprint cards and processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders holding over 25% stock **6.** All applications must be typewritten or printed clearly **7.** Submit in Triplicate **8.** Required areas marked by a red asterisk (*)

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH

Class of License (Check applicable class) *	Registration Fee	License Fees	Corporate Surety Bond *send copy
<input type="checkbox"/> A Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> F Beer, On Sale Only - Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> B Beer, Off Sale Only - Inside/Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> J Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> I Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> D Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits	\$45.00	\$150.00	exempt
<input type="checkbox"/> DI Spirits, Wine, Beer, Off Sale Only - within extraterritorial zoning jurisdiction	\$45.00	\$150.00	exempt
<input checked="" type="checkbox"/> C Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> M Bottle Club (Spirits, Wine, Beer, On Sale)	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> H Nonprofit Corporation	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> K Wine Only, Off Sale	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> O Boat	\$45.00	\$50.00	exempt
<input type="checkbox"/> V Manufacturer of Beer, Wine & Distilled Spirits	\$45.00	Varies \$100 to \$1,000	*\$10,000 min.
<input type="checkbox"/> X Wholesale Liquor	\$45.00	\$500.00	*\$ 5,000 min.
<input type="checkbox"/> W Wholesale Beer	\$45.00	\$250.00	*\$ 5,000 min.
<input type="checkbox"/> Y Farm Winery	\$45.00	\$250.00	*\$ 1,000 min.
<input type="checkbox"/> L Craft Brewery (Brew Pub)	\$45.00	\$250.00	*\$ 1,000 min.

TYPE OF APPLICATION *	NAME OF PERSON ASSISTING WITH APPLICATION	
Type of application being applied for (check appropriate box)		
1. <input type="radio"/> Individual License requires Form 1 to be attached.	Name Steven J. Savarda	
2. <input type="radio"/> Partnership License requires Form 2 to be attached.	Firm Name	Address
3. <input checked="" type="radio"/> Corporate License requires Forms 3 and Manager Application to be attached	Savarda Law Office, P.C., L.L.O.	201 N. 8th St., Ste 236 Lincoln
SECTION A -- LOCATION INFORMATION -- Must be completed by all applicants		
Trade Name (name of business) Legends	Telephone Number at premise to be licensed Not yet obtained	
1) Street Address of Proposed licensed premise 8300 Northwoods Drive	2) Mailing Address for receipt of Liquor Control Commission mailings 2515 Clayton Court	
City Lincoln	County Lancaster	City Lincoln
Zip Code 68507	Is this located inside the city limits? <input checked="" type="radio"/> Yes <input type="radio"/> No	Zip Code 68507

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations where only a portion of the entire bldg. is to be covered by the license. No blue prints will be accepted. Be sure to indicate the direction North and number of floors of the building.

ATTACHED

Example: East portion approximately 50' x 100' of main floor of 3 story building plus basement. Approximately 30' x 50' at the East end.

SECTION B OTHER INFORMATION REQUIRED *			
	Yes	No	Explanation/Comments Note: Only what is visible on screen will be printed
<p>* 1. READ CAREFULLY. Answer completely and accurately.</p> <p>Has any one who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. Include any DWIs or DUIs. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.</p>	Yes <input checked="" type="radio"/>	No <input type="radio"/>	See Attachment 1
<p>* 2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required).</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
<p>* 3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license? If yes, attach copy.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
<p>* 4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.</p>	Yes <input checked="" type="radio"/>	No <input type="radio"/>	Union Bank
<p>* 5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.</p>	Yes <input checked="" type="radio"/>	No <input type="radio"/>	Licensee is a corporation. Shareholders of the corporation are entitled to a share of the profits.

<p>* 6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.</p>	<p>Yes <input checked="" type="radio"/></p>	<p>No <input type="radio"/></p>	<p>Electronic amusement games will be leased from Taylor Amusements. Said equipment has not yet been leased.</p>
<p>* 7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain?</p>	<p>Yes <input checked="" type="radio"/></p>	<p>No <input type="radio"/></p>	<p>Shareholders and Officers of DVACKS, Inc. will have direct and/or indirect control of the business.</p>
<p>* 8. Are the premises to be licensed within 150 ft. of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft. of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Per Sec. §53-177.</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>* 9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the persons exact duties.</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.</p>	<p>Union Bank Shawn Darnall, Stephanie Darnall, Chad Meister, Aaron Klaasmeier.</p>		
<p>11. List all past and present liquor licenses held by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.</p>	<p>Shawn Darnall--Bodega's Alley, Inc. 1418 O Street, Lincoln, NE #35136 Chad Meister--Rococo Theater 140 N. 13, Lincoln, NE #57227 Bodega's Alley, 1418 O Street, Lincoln, NE #35136</p>		
<p>12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.</p>	<p>Chad Meister 45-50 Hours</p>		

13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.	Manager of Bodega's Alley since 1997. Opened and Managed Rococo Theater, 2002		
14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership, if leased submit a copy of the lease covering the entire license year. (Documents must show title or lease held interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed)	See copy of Lease, attached.		
15. When do you intend to open for business?	March 15, 2003.		
16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.			
NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
Shawn Darnall	1993	2003	Lincoln, NE
Stephanie Darnall	1993	2003	Lincoln, NE
Aaron Klaasmeyer	1993	2003	Lincoln, NE
Chad Meister	1994	2003	Lincoln, NE
Chad MEister	1993	1994	Kearney, NE

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders (holding more than 25% of the stock), officers, directors and spouses must sign. Full names only, initials not acceptable.

Sign
Here [Signature]

Sign
Here _____

Sign
Here [Signature]

Sign
Here _____

Sign
Here [Signature]

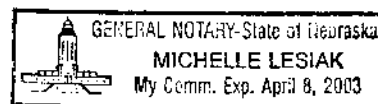
Sign
Here _____

Sign
Here [Signature]

Sign
Here _____

Subscribed in my presence and sworn to before me this 12th day of March, 2003

(SEAL)



In compliance with ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternative format.

Sign
here [Signature]
Notary Public Signature

Verify & Print form

FORM 35-4010

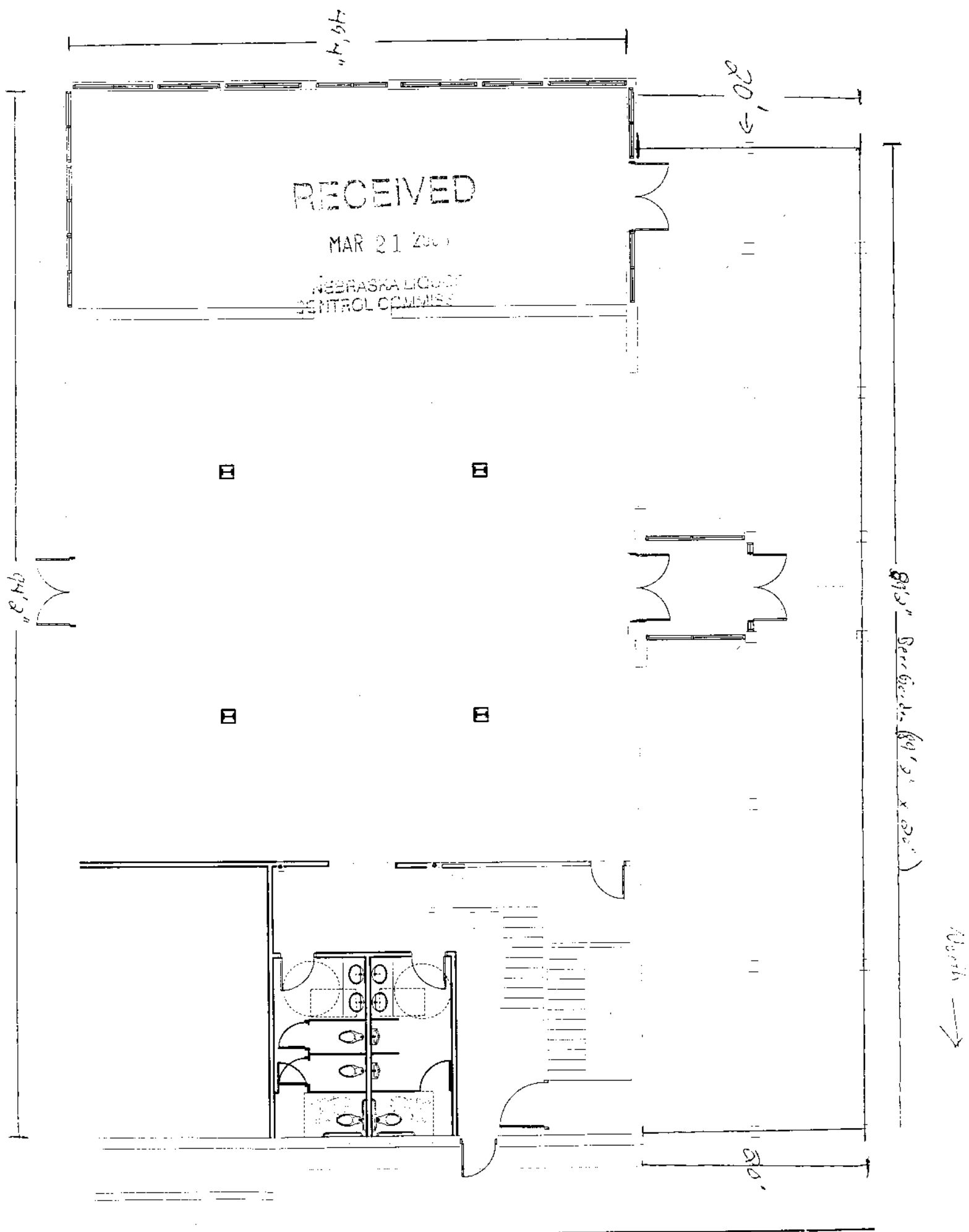
REV 1/01

ATTACHMENT 1

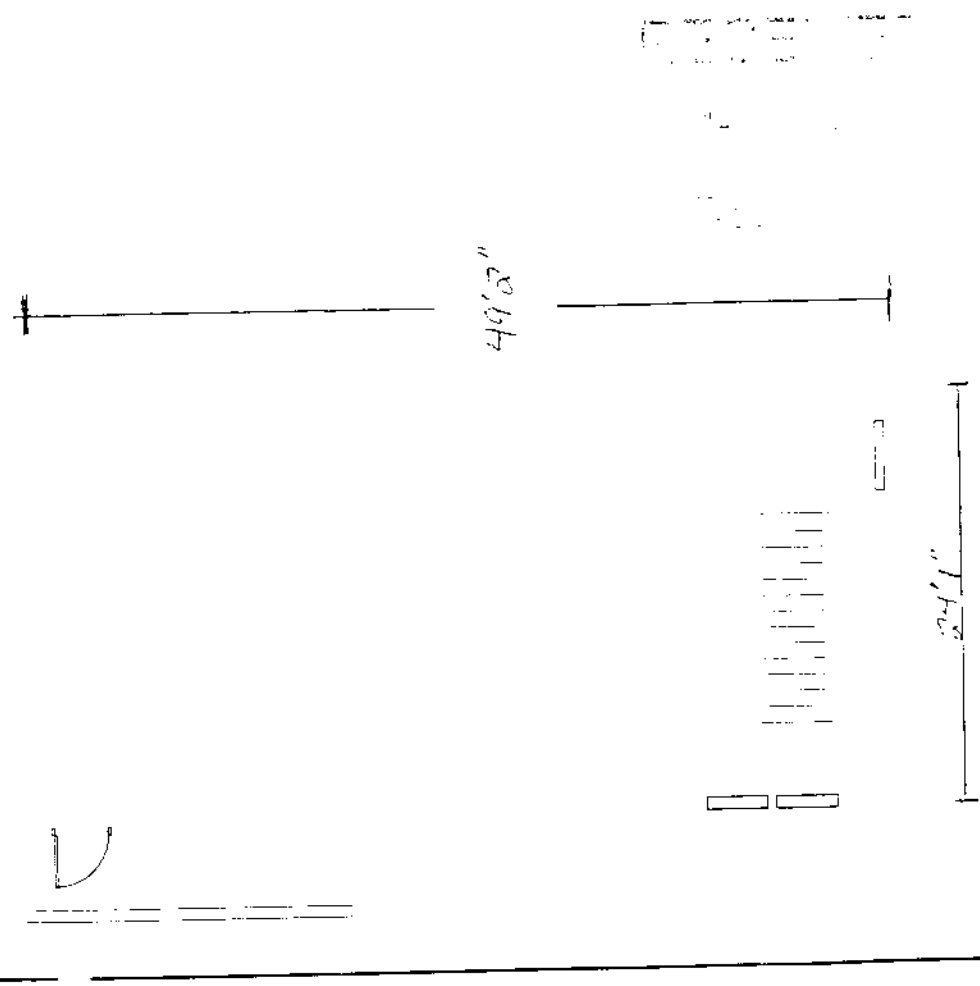
Section B, Question 1

Shawn Darnall: 1992–Wilfull reckless driving, Scottsbluff, NE.
1992–Fleeing to avoid arrest, Scottsbluff, NE.
1990–DWAI, Greely, CO.

Chad Meister: 1995–Disturbing the peace, Lincoln, NE.
1996– Possession of marijuana, less than 1oz., Lincoln, NE.

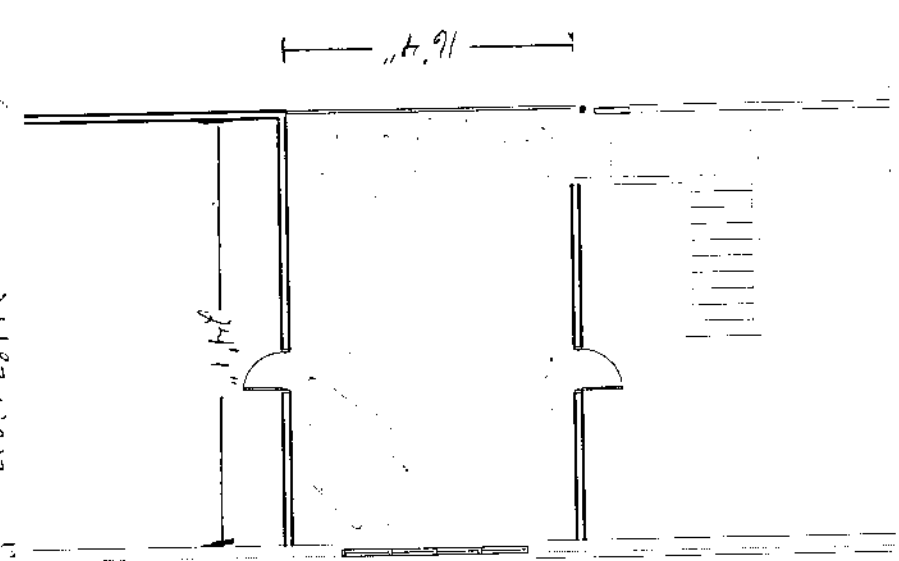


Basement / storage / eaters



North

2nd Level Loft (Shaded Area)



North

2nd Level Loft (Shaded Area)

Corporation/LLC Application for License - Form 3

Nebraska Liquor Control Commission

INSTRUCTIONS:

- 1) Application and application for manager must be typewritten and submitted in triplicate
 - 2) Fingerprint cards (2 cards per person) must be submitted for: **a)** each stockholder owning over 25% of the stock, **b)** chief executive officer, **c)** proposed manager and **d)** all spouses
 - 3) Information regarding spouses must be completed
- Required areas marked by a red asterisk (*)

Name of Corporation That Will Hold License. **Attach copy of Articles of Incorporation**

DMACKS, Inc. *

Total Number of Shares (if corporation)

10,000 *

Corporate Street Address

2515 Clayton Ct., Lincoln, NE 68507 *

Mailing address for receipt of Liquor Control Commission Mailings

2515 Clayton Ct., Lincoln, NE 68507 *

Corporate Telephone Number

402/466-0134 *

City

Lincoln *

County

Lancaster *

State

NE *

Zip Code

68507 * -

Name of Registered Agent

Shawn Darnall *

Name of Proposed Manager

Chad Meister *

IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER

Name

Shawn Darnall *

Title

CEO *

Date of Birth

*

Social Security Number

*

Home Address (1)

2515 Clayton Court *

City

Lincoln *

State

NE *

Zip Code

68507 * -

Home Telephone Number

402/466-0134 *

PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS, MEMBERS AND SPOUSES

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name Darnall, Shawn, Daniel			CEO
Spouse Name Darnall, Stephanie, Michelle, Long			
Partner Number of Shares % 20		Spouse Number of Shares % 20	

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name Meister, Chad, Robert			Secretary
Spouse Name N/A			
Partner Number of Shares / % 20			Spouse Number of Shares / %

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name Klaasmeyer, Aaron, M			Treasurer
Spouse Name N/A			
Partner Number of Shares / % 20			Spouse Number of Shares / %

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name Brock, Allen, Milton			None-Shareholder Only
Spouse Name Brock, Mary, Bernice			None-Shareholder Only
Partner Number of Shares / % 10			Spouse Number of Shares / % 10

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name 			
Spouse Name 			
Partner Number of Shares / %			Spouse Number of Shares / %

(If Necessary, Continue on Separate Sheet)

Is this Corporation/LLC controlled by another Corporation?

Yes ☐ No ☒

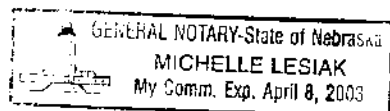
Name of control Corporation _____

IF YES, LIST EACH STOCKHOLDER/MEMBER OWNING MORE THAN 25% stock/interest in that corporation/LCC. Any applicant who has a Corporation as a shareholder MUST file an organizational chart listing all shareholders and/or corporations owning more than 25% stock and listing of the percentage of stock owned.

Please indicate below your corporate tax year with the IRS

Starting date: Jan 1 Ending date: Dec 31

State of Nebraska)
) ss.
Lancaster County)



Michelle Lesiak
Notary Public Signature & Seal

By [Signature]
President/Member

In Compliance with ADA, this form is available in other format for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

[Signature]
Secretary/Member

Verify Form and Print

FORM 35-4183
REV. 02/01

Application for Corporate Manager

Must Be A Nebraska Resident

Please submit in Triplicate

Return to: Nebraska Liquor Control Commission, PO Box 95046
301 Centennial Mall So., Lincoln NE 68509

Phone: (402) 471-2571

Fax: (402) 471-2814

Web address: <http://www.nol.org/home/NLCC/>

Required areas marked by a red asterisk (*)

LIQUOR LICENSE INFORMATION

Name of Licensed Corporation

DMACKS, Inc. *

Class & License number

Not yet assigned *

Trade Name of Licensed Premise

Legends *

Street Address of Licensed Premise

8300 Northwoods Drive *

City

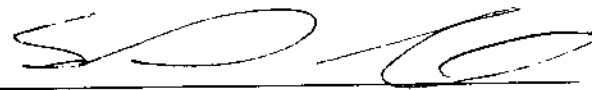
Lincoln *

County

Lancaster *

On behalf of the corporation, I designate this individual as corporate manager.

Signature of Corporate President/CEO:



APPLICANT INFORMATION (MUST BE 21 OR OVER)

Full Name (Last, First, Middle, Maiden)

Meister, Chad, Robert *

Sex *

F	M
<input type="radio"/>	<input checked="" type="radio"/>

Social Security Number

_____ *

Date of Birth

_____ *

Place of Birth

Grand Island, NE *

Home Street Address

122 N. 11 #508 *

City

Lincoln *

County

Lancaster *

State

NE *

Zip Code

68508 *

Home Telephone Number

402/730-8901 *

Business Telephone Number

402/730-8901 *

Drivers License Number

State

<input type="text"/>	<input type="text" value="NE"/>
----------------------	---------------------------------

Are You Married? * Yes ☐ No ☒ If Yes, You must complete the following:

SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

Full Name (Last, First, Middle, Maiden)

Social Security Number

Drivers License Number

State

Date of Birth

12/25/80

12/25/80

12/25/80

Place of Birth

* 1. **READ CAREFULLY.** Answer completely and accurately.

Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

Yes No

☒ ☐

* 2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

Yes No

☒ ☐

* 3. Have you or your spouse ever made a compromise settlement for violation of such laws?

Yes No

☐ ☒

* 4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?
Nebraska Liquor Control Act (§§3-131.01)

Yes No

☒ ☐

* 5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

Yes No
☒ ☐

RESIDENCES SINCE AGE 18, APPLICANT AND SPOUSE MUST COMPLETE

Year
From To

Applicant: City & State

Grand Island, NE

72 91

Spouse: City & State

Year
From To

Applicant: City & State

Lincoln, NE

91 93

Spouse: City & State

Year
From To

Applicant: City & State

Kearney, NE

93 94

Spouse: City & State

Year
From To

Applicant: City & State

Lincoln, NE

94 03

Spouse: City & State

EMPLOYERS - LIST LAST TWO EMPLOYERS

Year
From To

Name of Employer

Bodega's Alley, Inc.

1997 2003

Name of Supervisor

Telephone Number

Self		477-9550	
Name of Employer		Year	
Rococo Theater		From	To
		2001	2003
Name of Supervisor		Telephone Number	
Self		402/730-8901	
PERSONAL OATH AND CONSENT OF INVESTIGATION - MUST BE SIGNED BY APPLICANT & SPOUSE			

STATE OF NEBRASKA)

) SS

COUNTY OF)

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, an affidavit may be attached, however, fingerprint cards are still required to be filed.

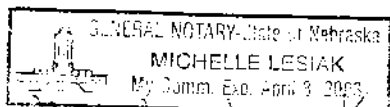
The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and inaccurate.

[Signature]
Signature of Applicant

Signature of Spouse (if applicable)

Subscribed in my presence and sworn to before me this
12th day of March 2003.

Subscribed in my presence and sworn to before me this
____ day of _____.



[Signature]
Notary Signature & Seal

Notary Signature & Seal

Verify and Print

FORM 35-4013
REV. 2 01

Application For Corporate Manager

ATTACHMENT

- 1.) 1995--Disturbing the Peace, Lincoln, NE.
1996--Possession of marijuana, less than 1 oz., Lincoln, NE.
- 2.) Bodega's Alley, Inc., Lincoln, NE. 1997, #35186
Rococo Theater, Lincoln, NE, 2002. # 50024